GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:109
ANSWERED ON:29.11.2006
SURVEY ON TB
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has conducted any survey to find out the number of persons affected by tuberculosis every year;

(b) if so, the details of the study conducted including the sample size of survey in this regard;

(c) whether the Government has failed to treat pulmonary TB patients in the country;

(d) if so, the reasons therefor;

(e) the remedial steps taken by the Government in this regard;

(f) whether the Government has received any suggestions from the Joint Monitoring Committee on TB of the World Health Organisation regarding eradication of this disease; and

(g) if so, the details thereof?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(g): A statement is laid on the Table of the House. STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 109 FOR 29TH NOVEMBER, 2006

A nationwide cross-sectional survey was conducted in different zones of India to assess the prevailing epidemiological situation of TB, by estimating the Annual Risk of TB Infection (ARTI) between January 2000 and 2003. As per the estimate, there are around 75 new smear positive TB cases per lakh population in India totaling to nearly 8 lakh new smear positive cases per year. The detail of the TB survey is annexed.

To control TB, with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is a WHO recommended strategy, was implemented in the country in a phased manner from 1997. The entire country had been covered under RNTCP by March 2006. Under RNTCP, diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Till date, the RNTCP has placed more than 63.00 lakh patients on DOTS treatment, averting more than 11.33 lakh deaths. Every month more than 1.0 lakh patients are placed on DOTS. In 2005 alone, India placed more than 12.93 lakhs cases on DOTS, more than any country in a single year in the world. Overall performance of RNTCP has been excellent with cure/treatment completion rate consistently above 85% and death rate reduced to less than 5%. To increase accessibility of the masses to the facilities provided under the Programme, special emphasis is laid on the IEC activities, involvement of NGOs, private sector and medical colleges in the revised strategy. It would, therefore, be incorrect to say that the Government has failed to treat Pulmonary TB patients in the country.

The Programme was reviewed by a Joint Monitoring Mission in October, 2006. The Mission has appreciated the significant progress made by the Indian TB Control Programme, and hailed it as the fastest expansion of DOTS in the world. To preserve and strengthen the substantial achievements of the Programme, the Mission suggested to address the following:

1. Ensure financial and human resource sustainability of the programme.

2. Ensure that anti-tuberculosis drug procurement, core full-time RNTCP staff, reporting and tuberculosis-specific financing are continued under the National Rural Health Mission (NRHM).

3. With expanding opportunities for the programme with the introduction of NRHM, it is essential to increase the programme management capacity at central and state levels

4. Increase programme effectiveness by improving case detection, decentralization of DOTS, simplification of reporting mechanism, further strengthen involvement of health care providers in other sectors and effectively use communication strategies to improve

awareness of free microscopy and TB care under RNTCP.

5. Further develop and implement strategies for Multi Drug Resistant TB and HIV/TB

Annexure

National Annual Risk of TB Infection (ARTI) Survey

The study was conducted b y National Tuberculosis Institute (NTI), Bangalore, along with Tuberculosis Research Centre (TRC), Chennai and other institutions in collaboration with Central TB Division, between January 2000 and 2003.

For the purpose of the survey, the country was stratified into four zones, viz north, south, east and west each having approximately equal population. A total of 1,88,103 children between 1 to 9 years of age were investigated in 26 districts:

The zone-wise selection of districts for the survey is as under:

North Zone: Raebareli, Hardoi, Jaunpur, Gurdaspur, Kangra, Delhi.

South Zone: Dakshina Kannada, Belgaum, Mallappuram, Medak, Kanyakumari, Chingelput.

West Zone: Junagadh, Nagpur, Ratnagiri, Thane, Jhabua, Kota.

East Zone: Samastipur, Purbi Singhbhum, Papum Pare, Cuttack, Kamrup, East Sikkim, Jalpaiguri, Bardhaman.

The survey was designed to estimate the average ARTI in each of the four zones. Zone-wise distribution of the different States/Union Territories and the total estimated New Smear positive cases per lac population based on the zonal ARTI estimates is summarized below:-

Zone	States/Union Territories	Estimated Annual New Sputum Positive cases per lakh population	Risk of TB Infection (ARTI)
North	Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, Uttar Pradesh, Chandigarh, Delhi, Uttaranchal	95	1.9 %
East	Assam, Bihar, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Sikkim, Tripura, West Bengal, Andaman & Nicobar, Arunachal Pradesh, Jharkhand	65	1.3%
South	Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Pondicherry, Lakshdweep	50	1%
West	Goa, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan, Dadra & Nagar Haveli, Daman & Diu Chhattisgarh	80	1.6%

The zonal ARTI estimates derived from the study were also used to estimate a national ARTI of 1.5% (estimated new smear positive cases = 75/lakh).

The above table exhibits that the ARTI is highest in the Northern Zone, followed by the Western Zone and Eastern Zone. The ARTI is lowest in the Southern Zone.